

**BASIC (04-03)** 

# **DI 24598.020 Evaluating Linear Growth Impairments**

# A. POLICY

#### 1. When To Evaluate

Evaluate growth when:

- there is an allegation of short stature made by the claimant or applicant;
- the claimant alleges an impairment from a condition that is known to be associated with linear growth delay; or
- there is medical or other evidence of record that includes findings of possible linear growth impairment or of a condition that is known to result in short stature.

# 2. Applying the Listings

In addition to establishing that the child's linear growth has fallen the requisite percentiles (or below the 3rd percentile), the evidence must establish the continuing presence of an ongoing disease process in the form of reduced linear growth velocity which is "sustained" or "persists." Follow the procedure in DI 24598.025B.

### a. Listing 100.02

Evaluate the child's impairment under Listing 100.02 when the growth impairment is related to an identifiable, additional, specific medically determinable impairment.

**NOTE:** The additional specific medically determinable impairment might satisfy the criteria under another listing without consideration of the growth impairment.

### **b.** Listing 100.03

Evaluate the child's impairment under Listing 100.03 when an additional specific medically determinable impairment causing the growth impairment cannot be identified. The evidence must show that the delay in linear growth velocity is not the result of either FSS or a CGD.

- Ordinarily, by the time a child demonstrates reduced linear growth velocity of the severity in Listing 100.03, bone age
  determinations would have been performed to aid in identifying the cause for the child's reduced growth velocity, and will be
  part of the medical evidence of record.
- However, if not, obtain a bone age determination to confirm that the child's bone age is more than 2 standard deviations

below the mean for the child's chronological age.

# 3. Continuing Reduction in Linear Growth Velocity — A Basic Requirement

A fall in growth to, or persistence of growth below, the 3rd percentile without a continuing reduction in linear growth velocity does not meet the severity of Listing 100.02B because short stature, in and of itself, is not a medically determinable impairment. Even though the child will be short, he or she is now growing normally. Likewise, a child whose growth delay satisfies the criteria specified in Listings 100.02A or 100.03 but whose fall in growth is not also accompanied by a continuing reduction in growth velocity, does not meet the severity level of these listings. A continuing reduction in growth velocity is established in accordance with the procedure in DI 24598.025B.

#### 4. Measurements

Measurements of length or height must be obtained without shoes. Generally, length should be used for children under age 2; thereafter, height should be the basis of measurement of linear growth.

#### 5. Duration

A minimum of 12 continuous months of reduced growth velocity must elapse or be expected to elapse in order to meet the duration requirement.

# 6. Resumption of Normal Growth Velocity

The child's growth pattern can be considered to have shown improvement and no longer be found to meet the listing when the growth rate has returned to a normal rate for age, i.e., serial measurements show age-appropriate incremental increases by application of the procedure in DI 24598.025B.

Do not consider a short period (less than 6 months) of normal growth velocity amid periods of reduced growth velocity to be a resumption of growth.

## 7. Closure of the Major Epiphyses

Closure of the major epiphyses marks the cessation of further significant increases in height. Because a continuing reduction in growth velocity is required to demonstrate the presence of an ongoing causative disease process, the growth impairment listings cannot be applied once the major epiphyses have closed.

An individual who no longer demonstrates reduced growth velocity because of closure of the major epiphyses is considered to have medically improved.

Appropriate imaging techniques should be obtained to determine when epiphyseal closure has occurred.

# B. PROCEDURE-DETERMINING THE PRESENCE OF IMPAIRED LINEAR **GROWTH**

- 1. Obtain measurements to confirm not only the fall in growth but also the continuing reduction in growth velocity. Compare current length or height with at least three measurements over a 12-month period, each measurement taken at least 2 months after the previous measurement. If the child is under age 2, compare current length with at least two measurements taken within a 6-month period, each measurement taken at least 2 months after the previous measurement.
- 2. Plot measurements on an acceptable growth chart (see DI 24598.005) or use the tables in DI 24598.025 to determine if the requisite fall in percentiles is established.
- 3. Follow the procedure in DI 24598.025B. to determine if reduced linear growth velocity continues.
- 4. If necessary (e.g., if underlying medical disorders have not been identified and the child's growth satisfies criteria in Listing 100.03 including the fall in growth velocity), determine:
  - whether the child's growth pattern is consistent with a constitutional growth delay (CGD). (See DI 24598.001C.4.)

**NOTE:** A finding that the child's height age is equal to bone age is consistent with CGD.

• whether the child's growth pattern is consistent with a familial characteristic. (See DI 24598.001C.5.)

NOTE: Obtain the adult heights of the child's natural parents and the heights and ages of siblings to make this determination.

NOTE: Neither CGD nor FSS are medically determinable impairments, so if the child's short stature is found to be due to either of these, find that the child does not have a linear growth impairment.

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